

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90028 036 ****50.00

DOCUMENT # M98000001481

Entity Name

JH HPT CBM LLC



DO NOT WRITE IN THIS SPACE

20035515

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 6903 Rockledge Drive Suite, Apt. #, etc. 1500 City & State Bethesda, Maryland Zip 20817-1818		3. Mailing Address 6903 Rockledge Drive Suite, Apt. #, etc. 1500 City & State Bethesda, Maryland Zip 20817-1818		4. FEI Number Not Applicable		Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
The Prentice-Hall Corporation System, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code
32301-2525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Walter, W. Edward 6903 Rockledge Drive, 15th Floor Bethesda, MD 20817-1818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Carnella, John A. 6903 Rockledge Drive, 15th Floor Bethesda, MD 20817-1818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Horne, Adrienne M. 1209 Orange Street Wilmington, DE 19801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/17/03

Date

(240) 744-1000

Daytime Phone #

CR2E083B (12/02)